

DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL U.S. PATENT APPLICATION

Attorney's Docket No. NPUS-P003

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
COLLAPSIBLE GAZEBO FRAME WITH INDEPENDENT CANOPY SUPPORT, the specification of which.

(check one)

1. is attached hereto.
2. was filed on _____ as
U.S. Application No. _____
and was amended on _____.
3. was filed on _____ as
International PCT Application No. _____
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, CFR § 1.56.

Prior Foreign Application(s)

I hereby claim foreign priority benefits under Title 35, United States code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

(Application No.)	(Country)	(Filing Date)	PRIORITY BENEFITS CLAIMED: Yes <input type="checkbox"/> No <input type="checkbox"/>
(Application No.)	(Country)	(Filing Date)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Provisional Application(s)

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

(Application No.)	(Filing Date)
(Application No.)	(Filing Date)

Power of Attorney

And I hereby appoint the attorney(s) and agent(s) associated with customer No. 32986 as my principal attorney(s) or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct Correspondence To:

Customer No. 32986

IPSG, P.C.
P.O. Box 700640
San Jose, CA 95170-0640

Direct Telephone Calls To: David C. Ashby at 408-257-5500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Full Name of Sole or First Inventor:	<u>Arvin PATEL</u>	Citizenship:	<u>USA</u>
Inventor's signature:	<u>Arvin Patel</u>	Date of Signature:	<u>9-10-03</u>
Residence: (City)	<u>Sunnyvale</u>	(State/Country)	<u>CA/US</u>
Post Office Address:	<u>514 G. Porpoise Bay Terrace, Sunnyvale, California 94089</u>		
Second Inventor:	<u>Sungho KIM</u>	Citizenship:	<u>Korea</u>
Inventor's signature:		Date of Signature:	
Residence: (City)	<u>Xiamen</u>	(State/Country)	<u>China</u>
Post Office Address:	<u>Huixin Yuan #803, Xiamen, Fujian, China</u>		

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(Application No.)	(Country)	(Filing Date)	Priority Benefits Claimed? Yes <input type="checkbox"/> No <input type="checkbox"/>
(Application No.)	(Country)	(Filing Date)	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Typewritten Full Name of

Sole or First Inventor: Arvin PATEL

Citizenship: _____

Inventor's signature: _____

Date of Signature: _____

Residence: (City) Sunnyvale(State/Country) CA/USPost Office Address: 514 G. Porpoise Bay Terrace, Sunnyvale, California 94089

Second Inventor: _____

Sungho KIMCitizenship: KoreaResidence: (City) Xiamen(State/Country) Fujian, CHINAPost Office Address: Huixin Yuan #803, Xiamen, Fujian, China